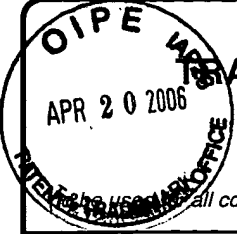

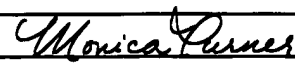


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 TRANSMITTAL FORM (Please use this form for all correspondence after initial filing)	Application Number	10/723298	
	Filing Date	11/25/2003	
	First Named Inventor	Marc Aho	
	Art Unit	3652	
	Examiner Name	Adams, Gregory W.	
Total Number of Pages in This Submission	3	Attorney Docket Number	NAK-128/US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Comm. to TC <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences <input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other (Specified below)
Other: <u>Extension of Time fee for Response within third month</u> <u>\$510 - \$60 previously submitted for first month = \$450.00</u> _____ _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.	
SIGNATURE		
PRINTED NAME	Robert Lodenkamper	
DATE	4/17/06	REGISTRATION NUMBER 55,399

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Monica Turner
DATE	4/17/06

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



**FEE TRANSMITTAL
for FY 2005**

<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.	Application Number	10/723298	
	Filing Date	11/25/2003	
	First Named Inventor	Marc Aho	
	Art Unit	3652	
	Examiner Name	Adams, Gregory W.	
TOTAL AMOUNT OF PAYMENT	\$450	Attorney Docket Number	NAK-128/US

METHOD OF PAYMENT (Check all that apply)

- ☐ A check or money order is enclosed to cover the filing fees.
☒ Payment by credit card. Form PTO-2038 is attached.

FEE CALCULATION

1. Basic Filing, Search and Examination Fees

Application Type:	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. Excess Claims Fees

- 2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)
2.3 Multiple dependent claims \$360 (\$180 small entity)

Total Claims	Threshold		Extra Claims	Fee (\$)	
8	- 20	=	0	X \$50 (\$25)	\$0
Indep. Claims	Threshold		Extra Claims	Fee (\$)	
4	- 4	=	0	X \$200 (\$100)	\$0
Multiple Dep. Claims				Fee (\$)	
<input type="checkbox"/>				\$360 (\$180)	

3. Application Size Fee

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)
- 100 =	/50 =	X \$250 (\$125)
		\$0

4. Other Fee(s)

Non-English specification (\$130 fee, no small entity discount) _____
Other: \$450 for Extension of Time Fees (\$510-\$60 previously paid for 1st month)= \$450.00 450.00

SIGNATURE <i>Robert Lodenkamper</i>	
PRINTED NAME Robert Lodenkamper	TELEPHONE 650-424-0100
DATE 4/17/06	REGISTRATION NUMBER 55,399

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